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SEP 02 2005

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<i>Robert T. Anderson</i>	(Depositor's name)
<i>Kathleen L. Johnson</i>	(Signature)
<i>08/31/2005</i>	
(D)	

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/832,066	04/10/2001	Joseph Thomas O'Neil	2000-0390	1099

TITLE OF INVENTION: MODIFICATION OF PORTABLE COMMUNICATIONS DEVICE OPERATION IN VEHICLES

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$0	\$1400	09/20/2005

EXAMINER	ART UNIT	CLASS-SUBCLASS
RAMPURIA, SHARAD K	2683	455-411000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.
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PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

AT&amp;T Corp.

New York, New York 10013

Please check the appropriate assignee category or categories (will not be printed on the patent):  Individual  Corporation or other private group entity  Government

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<input checked="" type="checkbox"/> Issue Fee	<input type="checkbox"/> A check in the amount of the fee(s) is enclosed.
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<input checked="" type="checkbox"/> Advance Order - # of Copies <u>1</u>	<input checked="" type="checkbox"/> The Director is hereby authorized to charge the required fee(s), or credit any overpayment Deposit Account Number <u>01-2745</u> (enclose an extra copy of this form).

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Date 07/28/05Typed or printed name Samuel H. DworetzkyRegistration No. 27,873

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